Traffic Safety Facts Laws



DOT HS 810 720W February 2007

Sobriety Checkpoints

Background

NHTSA encourages States to enact legislation authorizing the use of sobriety checkpoint enforcement and to fully implement checkpoints once enacted. Sobriety checkpoints are a tool that adopts the effective strategy of employing high-visibility enforcement combined with publicity that States can use to reduce impaired driving by creating both general and specific deterrence.

NHTSA defines a sobriety checkpoint as the stopping of vehicles, or a specific sequence of vehicles (e.g., every fifth vehicle), at a predetermined fixed location to detect drivers who are impaired by alcohol or other drugs. One purpose of a sobriety checkpoint is to increase the perceived risk of detection and arrest for individuals who might otherwise decide to drive impaired. This is a checkpoint's general deterrence effect. The fact that all, or a proportion of, vehicles are stopped reduces the impaired drivers' confidence that they can avoid being detected by concealing or compensating for alcohol or drug impairment.

Inside This Issue

- Background
- Key Facts
- Incentive Grant Program
- References

Key Facts

- In 2005, there were 16,885 alcohol-related fatalities in motor vehicle crashes.
- Of these 16,885 fatalities, 14,539 died in crashes in which at least one driver or nonoccupant had a blood alcohol concentration (BAC) of .08 grams per deciliter or higher.
- In 2005, 39 percent of fatal motor vehicle crashes nationwide were alcohol-related.
- Inpatient rehabilitation costs for motor vehicle injuries average \$11,265 per patient and \$13,200 per patient for motorcycle injuries.
- The use of checkpoints enhances the visibility of overall impaired-driving enforcement efforts and contributes significantly to general and specific deterrence.
- Literature reviews show that checkpoints are associated with reductions in alcohol-related fatalities—a median decrease of 20 percent.
- Checkpoints were found effective regardless of staffing levels or location movement. This means low staffing and frequently moving checkpoints are feasible enforcement options.

■ To date, sobriety checkpoints are allowed in 38 States, the District of Columbia, and Puerto Rico. Alaska, Idaho, Oregon, Washington, Michigan, Minnesota, Montana, Rhode Island, Texas, Iowa, Wisconsin, and Wyoming do not allow checkpoints.

Incentive Grant Program

In 2005, Congress enacted the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Section 2007 of SAFETEA-LU amends the alcohol-impaireddriving countermeasures incentive grant program (under Section 410 of chapter 4 of Title 23) to encourage States to adopt and implement effective programs to reduce traffic safety problems resulting from individuals driving while impaired by alcohol. One of the countermeasures promoted in the statute includes conducting a series of high-visibility, statewide law enforcement campaigns and the use of sobriety checkpoints or saturation patrols. A State may use these grant funds to implement the checkpoints or patrols. The statutory provisions of the Section 410 program have been implemented by a NHTSA regulation in 23 CFR Part 1313.

References

Fell, J. "Sobriety Checkpoint Effectiveness." MADD Law Enforcement Summit, Dallas, TX, June 2005.

Lacey, J. H., Jones, R.K., and Smith, R.G. Evaluation of Checkpoint Tennessee: Tennessee's statewide sobriety checkpoint program. National Highway Traffic Safety Administration, Washington, DC: 1999. DOT HS 808 841.

Miller T., Langston E., Lawrence B., Becker L., Snowden C., Granger C., Russell C., Kreutzer J., and Marwitz J., Rehabilitation costs and long-term consequences of motor vehicle injury. National Highway Traffic Safety Administration, Washington, DC: 2006. DOT HS 810 851.

Peek-Asa, C. The effect of random alcohol screening in reducing motor vehicle crash injuries. American Journal of Preventive Medicine, 1999; 16(1 Supplement S):57-67.

Ross, H.L. The deterrent capability of sobriety checkpoints: summary of the American literature. National Highway Traffic Safety Administration, Washington, DC, 1992.

Royal, D., Volume I: Findings National Survey of Drinking and Driving Attitudes and Behavior: 1999. National Highway Traffic Safety Administration, Washington, DC, 1999. DOT HS 809-190.

Shinar, D., and McKnight, A. J. The combined effects of enforcement and public information campaigns on compliance. In L. Evans and R. Schwing (Eds.) Human Behavior and Traffic Safety. New York: Plenum Press, 1986.

Shults, R. A., Elder, R. W., Sleet, D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V.G., Zaza, S., Sosin, D. M., Thompson, R. S., and Task Force on Community Preventive Services, Reviews of evidence regarding interventions to reduce alcohol-impaired driving. American Journal of Preventive Medicine 2001;2(4 Suppl):66–88.

Stuster, J.W., and Blowers, P. A.. Experimental Evaluation of Sobriety Checkpoint Programs. National Highway Traffic Safety Administration, Washington, DC, 1995.

Zaza, S., Thompson, R. S., and Harris, K. The Guide to Community Preventative Services, Reducing Injuries to Motor Vehicle Occupants. American Journal of Preventative Medicine.

U.S. Department of Transportation National Highway Traffic Safety Administration



Reports and additional information are available from your State Highway Safety Office, the NHTSA Regional Office serving your State, NHTSA Headquarters, Impaired Driving and Occupant Protection Office, ATTN: NTI-111, 400 Seventh Street SW., Washington, DC 20590; 202-366-2683; or NHTSA's Web site at

www.nhtsa.gov